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Bib Data Sheet

CONFIRMATION NO. 4514

<b>SERIAL NUMBER</b> 10/731,401	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> 020375-041900US
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**APPLICANTS**

Lisa C. Tidwell, Houston, TX;  
 Amy L. Swift, Frisco, TX;  
 Cassandra Mollett, Houston, TX;  
 Mark Wallin, Sugar Land, TX;  
 Lance D. Pate, Victoria, TX;  
 Charles R. Williams, Pearland, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

20350

**TITLE**

SYSTEMS AND METHODS FOR ASSESSING THE RISK OF A FINANCIAL TRANSACTION USING  
 BIOMETRIC INFORMATION

<b>FILING FEE RECEIVED</b> 1484	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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